Confidentiality Requested:

CORRECTION #1

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1318882

Form ACO-1 August 2013 Form must be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM

WELL HISTORY	- DESCRIPTION OF	WELL & LEASE

OPERATOR: License #	API No. 15		
Name:	Spot Description:		
Address 1:			
Address 2:	Feet from North / South Line of Section		
City: State: Zip:+	Feet from East / West Line of Section		
Contact Person:	Footages Calculated from Nearest Outside Section Corner:		
Phone: ()			
CONTRACTOR: License #	GPS Location: Lat:, Long:		
Name:	(e.g. xx.xxxx) (e.gxxx.xxxx)		
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84		
Purchaser:	County:		
Designate Type of Completion:	Lease Name: Well #:		
New Well Re-Entry Workover	Field Name:		
	Producing Formation:		
	Elevation: Ground: Kelly Bushing:		
Gas D&A ENHR SIGW	Total Vertical Depth: Plug Back Total Depth:		
OG GSW Temp. Abd. CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet		
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?		
	If yes, show depth set: Feet		
If Workover/Re-entry: Old Well Info as follows:	If Alternate II completion, cement circulated from:		
Operator:			
Well Name:	feet depth to:w/sx cmt.		
Original Comp. Date: Original Total Depth:			
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Drilling Fluid Management Plan		
Plug Back Conv. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)		
Commingled Permit #:	Chloride content: ppm Fluid volume: bbls		
Dual Completion Permit #:	Dewatering method used:		
SWD Permit #:	Location of fluid disposal if hauled offsite:		
ENHR Permit #:			
GSW Permit #:	Operator Name:		
	Lease Name: License #:		
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R East West		
Recompletion Date Recompletion Date	County: Permit #:		

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY					
Confidentiality Requested					
Date:					
Confidential Release Date:					
Wireline Log Received					
Geologist Report Received					
UIC Distribution					
ALT I II Approved by: Date:					

CORRECTION #1

1318882

Operator Name:				Lease Name:	_ Well #:
Sec	Twp	_S. R	East West	County:	

INSTRUCTIONS: Show important tops of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taker (Attach Additional S		Yes No		Log Formation (Top), Depth and Datum Samp		Sample	
Samples Sent to Geo		Yes No	Nam	ie		Тор	Datum
Cores Taken Electric Log Run	0	☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
		CASING Report all strings set-c		ew Used ermediate, product	ion, etc.		
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
		ADDITIONAL	CEMENTING / SQI	JEEZE RECORD			
Purpose: Depth Perforate Top Bottom		Type of Cement	# Sacks Used	acks Used Type and Percent Additives			
Protect Casing Protect Casing Plug Back TD Plug Off Zone							
	otal base fluid of the hydr	n this well? aulic fracturing treatment ex submitted to the chemical o			No (If No, skip	o questions 2 an o question 3) out Page Three o	
Shots Per Foot		ON RECORD - Bridge Plug ootage of Each Interval Perf			cture, Shot, Cement a mount and Kind of Mat		Depth

Estimated Production Water Oil Bbls. Gas Mcf Bbls. Gas-Oil Ratio Gravity Per 24 Hours **DISPOSITION OF GAS:** METHOD OF COMPLETION: PRODUCTION INTERVAL: Open Hole Perf. Dually Comp. Commingled Vented Sold Used on Lease (Submit ACO-5) (Submit ACO-4) (If vented, Submit ACO-18.) Other (Specify)

Packer At:

Pumping

Producing Method:

Flowing

Liner Run:

Gas Lift

No

Yes

Other (Explain)

TUBING RECORD:

Size:

Date of First, Resumed Production, SWD or ENHR.

Set At:

Form	ACO1 - Well Completion
Operator	Altavista Energy, Inc.
Well Name	O'BRIEN AI-32
Doc ID	1318882

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	9.875	7	17	20	Portland	3	NA
Production	5.625	2.875	7	599	50/50 Poz	77	See ticket

Summary of Changes

Lease Name and Number: O'BRIEN AI-32

API/Permit #: 15-121-31253-00-00

Doc ID: 1318882

Correction Number: 1

Approved By: Karen Ritter

Field Name	Previous Value	New Value
Approved Date	09/12/2016	10/06/2016
Electric Log Run?	No	Yes
Elogs_PDF		Gamma
Method Of Completion - Perf	No	Ray/Neutron/CCL Yes
Perf_Record_1		510-522 - 38 Perfs - 2" DML RTG
Perf_Shots_1		3
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=13 16361	//kcc/detail/operatorE ditDetail.cfm?docID=13 18882